



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
LIMITED LIABILITY CORPORATION (LLC)
SUPPLEMENTAL INFORMATION FORM

Check all boxes that apply and provide the requested information as requested herein:

Name of this LLC applying for permit and/or license: _____

- This LLC is managed by its **members**.
- This LLC is managed by its **managers**.
- This LLC has an Operating Agreement, a copy of which is attached hereto, and each member and manager is identified in the agreement.
- This LLC does **not** have an Operating Agreement. Listed below is the name of every manager and every person that has an ownership interest in the LLC:

Name	Title	Percentage of Ownership

I, _____, upon being first duly sworn, **upon penalty of perjury**, do hereby acknowledge and affirm that the foregoing is true and correct and that all information requested has been fully provided.

Taxpayer's Signature (L.S.)

Sworn to and subscribed before me

This ____ day of _____, 20 ____ .

Notary Public - State of South Carolina

My commission expires: _____